



## Transferring Employee Checklist: Transfer to Other A&M System Part

**INSTRUCTIONS:** This form should be used by a Supervisor and HR Liaison as a checklist to document activities completed during and following the exiting process for terminating employees. Not every action listed is applicable in every termination, but the comprehensive list is provided as a mechanism to confirm good management practices and to protect university property.

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Last Day in Paid Status: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### (1) DEPARTMENT Actions Required

\_\_\_\_\_  
**Transferring to:** \_\_\_\_\_  
**New Title:** \_\_\_\_\_  
**Electronic Payroll Action (EPA) coordinated with receiving department & routed**

(B): Retrieve, cancel, deactivate, or secure the following: **(initials of department employee completing process)**

- |                                                                             |                                                                    |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| ____ Staff Identification Card collected & returned to ID Office x4995      | ____ Business Office Checkout x2249                                |
| ____ Parking permit collected & returned to Business Office x2714           | ____ FAMIS account access/signature authority cancelled x3905      |
| ____ Office and/or desk keys collected & verified with Physical Plant x3312 | ____ Marketplace account access cancelled x4965 or x3905           |
| ____ Managers—Finalize all leave requests & timecards                       | ____ Tex-an code deactivated x4192                                 |
| ____ Electronic Payroll Action (EPA) routed                                 | ____ Laserfiche access deactivated x3814                           |
| ____ Pager and/or cell phone collected                                      | ____ FedEx/Kinko & procurement card collected x3814                |
| ____ Facility access codes cancelled (for your building)                    | ____ Payment Card / other credit or purchase cards collected x3814 |
|                                                                             | ____ Travel card collected, vouchers/receipts completed x3950      |

Exiting Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME of Supervisor/Designee SIGNATURE of Supervisor/Designee Date \_\_\_\_\_

### (2) HUMAN RESOURCES Actions Required: (initials of employee completing process)

- |                                               |                                                                                                                                                                                        |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ____ Final Timesheet                          | ____ HR Connect updates: Employee retains access to HRC for 18 months from termination. Advise employee to keep UIN and password to modify email, home address, and W2 delivery choice |
| ____ LeaveTraq updated                        | ____ Exiting Employee Survey                                                                                                                                                           |
| Vacation Leave Balance: _____ hours           | ____ <b>CIS Use:</b> Office Phone _____                                                                                                                                                |
| Comp Time Balance Hours: _____ hours          | E-mail User ID: _____                                                                                                                                                                  |
| Other leave hours payable: _____ hours        | ____ Deactivate email      ____ Keep (retirees)                                                                                                                                        |
| ____ Sick Leave Pool donation _____ hours     | ____ Voice mail password cancelled                                                                                                                                                     |
| ____ Direct Deposit (circle one): Yes      No |                                                                                                                                                                                        |
| ____ Resignation Letter                       |                                                                                                                                                                                        |
| ____ COBRA Information discussed              |                                                                                                                                                                                        |

\_\_\_\_\_  
 PRINT NAME HR Employee SIGNATURE HR Employee Date \_\_\_\_\_

**TEXAS A&M UNIVERSITY-KINGSVILLE**  
**HUMAN RESOURCES**  
**Change of Address Form**

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

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Name (please print)	UIN/SSN		
<hr/>			
Department	Extension	Building	MSC

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**Current Address** (or previous if you have already moved)

STREET/P.O. Box \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBERS \_\_\_\_\_

**New Mailing Address**

STREET/P.O. Box \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBERS \_\_\_\_\_

**New Residential Address**

Check if same as mailing address

STREET/P.O. Box \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBERS \_\_\_\_\_

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**Personal email:** \_\_\_\_\_

**Effective date and signature:**

This new mailing address and telephone number will become effective on \_\_\_\_\_  
Date

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**Signature of person completing form** \_\_\_\_\_ **Date** \_\_\_\_\_

Stamp Date Received

# Texas A&M - Kingsville Employee Exit Survey

**\*This question requires an answer.**

**1. (Required) Why are you leaving the university? Please select all reasons that apply.**

- Better pay
- Better benefits
- Issues with my supervisor
- Issues with employees I supervise
- Retirement
- Career advancement opportunity
- Relationship with co-workers
- Inadequate training
- Inadequate work resources
- Poor working conditions/environment
- Location/transportation issues
- Child/elder care issues
- Personal or family health
- Self-employment
- Enter/return to school
- Relocation (self, spouse, companion)
- Other (please specify)

**2. If you chose *Poor working conditions/environment* above, please describe in what way(s) the working conditions or environment were poor?**

- Not applicable (I did not select *Poor working conditions/environment*.)
- Safety
- Work-related stress
- Work load

**\*This question requires an answer.**

**3. (Required) Where are you going?**

**4. To what extent did each item below influence your decision to leave the university?**

	Very little extent	Little extent	Some extent	Great extent	Very great extent
A&M System policies or regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University practices or procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate supervisor or co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for more challenging and meaningful work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work conditions, work load or work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Would you want to work for Texas A&M - Kingsville again in the future?**

Yes    No